



Board Certified Autism Technician Documentation of Supervision

Please complete one form per month.

Month/Year: _____

Full Name of BCAT: _____

BCAT Account ID: _____

Summary of Hours (this month only)-ALL FIELDS ARE REQUIRED. FAILURE TO COMPLETE THIS FORM ENTIRELY MAY DELAY YOUR RECERTIFICATION.

Total ABA Hours: _____

Number of Face-to-Face Meetings: _____

Total Supervised Hours: _____

Number of Individual Supervision Meetings: _____

Total Supervision Percentage: _____%

Number of Group Supervision Meetings: _____

To the best of my knowledge, the information provided on this form is true and correct.

Signature of BCAT

Date

Signature of Supervisor

Date

(Additional supervisor may sign here when applicable.)

Date

BCATs require ongoing supervision by a professional who possesses a license and/or certification by a national entity to practice ABA and who is acting within the scope and competency of his/her license or certification. Each BCAT shall be supervised for no less than 5% of the service hours in which the BCAT implements a treatment plan using the principles and procedures of ABA. Supervision may be conducted via the Internet in accordance with all applicable privacy regulations and must include a minimum of two synchronous face-to-face contacts every 30 days, with the supervisor observing the BCAT provide services to an individual with autism spectrum disorder during at least one of the two contacts. Documentation of supervision must be maintained by the BCAT on the BCAT Documentation of Supervision form, which requires attestation by the supervisor(s). A supervision log should be kept for 2 years in case of an audit by BICC. BCATs must submit the BCAT Documentation of Supervision forms when applying for renewal of their certification.